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CONFIRMATION NO. 4828

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| SERIAL NUMBER 10/787,231 | FILING OR 371(c) DATE 02/27/2004 RULE | CLASS 424 | GROUP ART UNIT 1615 | ATTORNEY DOCKET NO. 24948-X2 |
| APPLICANTS Karl F. Popp, Schodack Landing, NY; | | | | |
| ** CONTINUING DATA ***** <i>verified</i> This application is a CIP of 10/617,191 07/11/2003 which claims benefit of 60/407,285 09/03/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/15/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | STATE OR COUNTRY NY | SHEETS DRAWING 0 | TOTAL CLAIMS 63 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 8 | | |
| ADDRESS 20529 | | | | |
| TITLE Topical antibacterial formulations | | | | |
| FILING FEE RECEIVED 1974 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |